

Union Calendar No. 216

104TH CONGRESS
1ST Session

H. R. 2814

[Report No. 104-443]

A BILL

To authorize major medical facility projects and major medical facility leases for the Department of Veterans Affairs for fiscal year 1996, and for other purposes.

DECEMBER 22, 1995

Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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IN THE HOUSE OF REPRESENTATIVES

DECEMBER 20, 1995

Mr. STUMP (for himself, Mr. MONTGOMERY, Mr. HUTCHINSON, and Mr. EDWARDS) introduced the following bill; which was referred to the Committee on Veterans' Affairs

DECEMBER 22, 1995

Committed to the Committee of the Whole House on the State of the Union
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A BILL

To authorize major medical facility projects and major medical facility leases for the Department of Veterans Affairs for fiscal year 1996, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

TITLE I—CONSTRUCTION AUTHORIZATION

SEC. 101. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS.

(a) AUTHORIZED PROJECTS.—The Secretary of Veterans Affairs may carry out the following major medical facility projects, with each project to be carried out in the amount specified for that project:

(1) Construction of an outpatient clinic in Brevard County, Florida, in the amount of \$25,000,000.

(2) Construction of an outpatient clinic at Travis Air Force Base in Fairfield, California, in the amount of \$25,000,000.

(3) Renovation of nursing home facilities at the Department of Veterans Affairs medical center in Lebanon, Pennsylvania, in the amount of \$9,000,000.

(4) Environmental improvements at the Department of Veterans Affairs medical center in Marion, Illinois, in the amount of \$11,500,000.

(5) Replacement of psychiatric beds at the Department of Veterans Affairs medical center in Marion, Indiana, in the amount of \$17,300,000.

1 (6) Renovation of psychiatric wards at the De-
2 partment of Veterans Affairs medical center in
3 Perry Point, Maryland, in the amount of
4 \$15,100,000.

5 (7) Environmental enhancement at the Depart-
6 ment of Veterans Affairs medical center in Salis-
7 bury, North Carolina, in the amount of
8 \$17,200,000.

9 (8) Construction of an ambulatory care addition
10 at the Department of Veterans Affairs medical cen-
11 ter in Asheville, North Carolina, in the amount of
12 \$28,500,000.

13 (9) Construction of an ambulatory care addition
14 at the Department of Veterans Affairs medical cen-
15 ter in Temple, Texas, in the amount of \$9,800,000.

16 (10) Construction of an ambulatory care addi-
17 tion at the Department of Veterans Affairs medical
18 center in Tucson, Arizona, in the amount of
19 \$35,500,000.

20 (11) Seismic corrections at the Department of
21 Veterans Affairs medical center in Palo Alto, Cali-
22 fornia, in the amount of \$36,800,000.

23 (12) Seismic corrections at the Department of
24 Veterans Affairs medical center in Long Beach,
25 California, in the amount of \$20,200,000.

1 (b) LIMITATION CONCERNING OUTPATIENT CLINIC
2 PROJECTS.—In the case of either of the projects for a new
3 outpatient clinic authorized in paragraphs (1) and (2) of
4 subsection (a)—

5 (1) the Secretary of Veterans Affairs may not
6 obligate any funds for that project until the Sec-
7 retary determines, and certifies to the Committees
8 on Veterans' Affairs of the Senate and House of
9 Representatives, the amount required for the
10 project; and

11 (2) the amount obligated for the project may
12 not exceed the amount certified under paragraph (1)
13 with respect to that project.

14 **SEC. 102. AUTHORIZATION OF MAJOR MEDICAL FACILITY**
15 **LEASES.**

16 The Secretary of Veterans Affairs may enter into
17 leases for medical facilities as follows:

18 (1) Lease of a satellite outpatient clinic in Fort
19 Myers, Florida, in the amount of \$1,736,000.

20 (2) Lease of a National Footwear Center in
21 New York, New York, in the amount of \$1,054,000.

22 **SEC. 103. AUTHORIZATION OF APPROPRIATIONS.**

23 (a) IN GENERAL.—There are authorized to be appro-
24 priated to the Secretary of Veterans Affairs for fiscal year
25 1996—

1 (1) for the Construction, Major Projects, ac-
2 count, \$250,900,000 for the projects authorized in
3 section 101;

4 (2) for the Construction, Major Projects, ac-
5 count \$28,000,000, for construction of an ambula-
6 tory care addition at the Department of Veterans
7 Affairs medical center in Boston, Massachusetts, as
8 authorized by section 201(b)(1)(A) of the Veterans
9 Health Programs Extension Act of 1994 (Public
10 Law 103–452; 108 Stat. 4787); and

11 (3) for the Medical Care account, \$2,790,000
12 for the leases authorized in section 102.

13 (b) LIMITATION.—The projects authorized in section
14 101, and the project referred to in subsection (a)(2), may
15 only be carried out using—

16 (1) funds appropriated for fiscal year 1996 pur-
17 suant to the authorization of appropriations in sub-
18 section (a);

19 (2) funds appropriated for Construction, Major
20 Projects for a fiscal year before fiscal year 1996 that
21 remain available for obligation; and

22 (3) funds appropriated for Construction, Major
23 Projects for fiscal year 1996 for a category of activ-
24 ity not specific to a project.

1 **SEC. 104. REPORT ON HEALTH CARE NEEDS OF VETERANS**
2 **IN EAST CENTRAL FLORIDA.**

3 (a) REPORT REQUIRED.—Not later than March 1,
4 1996, the Secretary of Veterans Affairs shall submit to
5 the Committees on Veterans' Affairs of the Senate and
6 House of Representatives a report on the health care
7 needs of veterans in east central Florida. In preparing the
8 report, the Secretary shall consider the needs of such vet-
9 erans for psychiatric and long-term care. The Secretary
10 shall include in the report the Secretary's views, based on
11 the Secretary's determination of such needs, as to the best
12 means of meeting such needs using the amounts appro-
13 priated pursuant to the authorization of appropriations in
14 this Act and Public Law 103–452 for projects to meet
15 the health care needs of such veterans. The Secretary
16 may, subject to the availability of appropriations for such
17 purpose, use an independent contractor to assist in the
18 determination of such health care needs.

19 (b) LIMITATION.—The Secretary may not obligate
20 any funds, other than for design work, for the conversion
21 of the former Orlando Naval Training Center Hospital in
22 Orlando, Florida (now under the jurisdiction of the Sec-
23 retary of Veterans Affairs), to a nursing home care unit
24 until 15 days after the date on which the report required
25 by subsection (a) is submitted.

1 **TITLE II—STRATEGIC PLANNING**
2 **FOR HEALTH CARE RESOURCES**

3 **SEC. 201. STRATEGIC PLANNING.**

4 Section 8107 of title 38, United States Code, is
5 amended—

6 (1) by redesignating subsection (b) as sub-
7 section (c);

8 (2) by striking out subsection (a) and inserting
9 in lieu thereof the following new subsections:

10 “(a) In order to promote effective planning for the
11 efficient provision of care to eligible veterans, the Sec-
12 retary, based on the analysis and recommendations of the
13 Under Secretary for Health, shall submit to each commit-
14 tee, not later than January 31 of each year, a report re-
15 garding long-range health planning of the Department.

16 “(b) Each report under subsection (a) shall include
17 the following:

18 “(1) A five-year strategic plan for the provision
19 of care under chapter 17 of this title to eligible vet-
20 erans through coordinated networks of medical fa-
21 cilities operating within prescribed geographic serv-
22 ice-delivery areas, such plan to include provision of
23 services for the specialized treatment and rehabilita-
24 tive needs of disabled veterans (including veterans
25 with spinal cord dysfunction, blindness, amputations,

1 and mental illness) through distinct programs or fa-
2 cilities of the Department dedicated to the special-
3 ized needs of those veterans.

4 “(2) A description of how planning for the net-
5 works will be coordinated.

6 “(3) A profile regarding each such network of
7 medical facilities which identifies—

8 “(A) the mission of each existing or pro-
9 posed medical facility in the network;

10 “(B) any planned change in the mission
11 for any such facility and the rationale for such
12 planned change;

13 “(C) the population of veterans to be
14 served by the network and anticipated changes
15 over a five-year period and a ten-year period,
16 respectively, in that population and in the
17 health-care needs of that population;

18 “(D) information relevant to assessing
19 progress toward the goal of achieving relative
20 equivalency in the level of resources per patient
21 distributed to each network, such information
22 to include the plans for and progress toward
23 lowering the cost of care-delivery in the network
24 (by means such as changes in the mix in the

1 network of physicians, nurses, physician assist-
2 ants, and advance practice nurses);

3 “(E) the capacity of non-Federal facilities
4 in the network to provide acute, long-term, and
5 specialized treatment and rehabilitative services
6 (described in section 7305 of this title), and de-
7 terminations regarding the extent to which
8 services to be provided in each service-delivery
9 area and each facility in such area should be
10 provided directly through facilities of the De-
11 partment or through contract or other arrange-
12 ments, including arrangements authorized
13 under sections 8111 and 8153 of this title; and

14 “(F) a five-year plan for construction, re-
15 placement, or alteration projects in support of
16 the approved mission of each facility in the net-
17 work and a description of how those projects
18 will improve access to care, or quality of care,
19 for patients served in the network.

20 “(4) A status report for each facility on
21 progress toward—

22 “(A) instituting planned mission changes
23 identified under paragraph (3)(B);

24 “(B) implementing principles of managed
25 care of eligible veterans; and

1 “(C) developing and instituting cost-effec-
2 tive alternatives to provision of institutional
3 care.”; and

4 (3) by adding at the end the following new sub-
5 section:

6 “(d)(1) The Secretary shall submit to each commit-
7 tee, not later than January 31 of each year, a report show-
8 ing the current priorities of the Department for proposed
9 major medical construction projects. Each such report
10 shall identify the 20 projects, from within all the projects
11 in the Department’s inventory of proposed projects, that
12 have the highest priority and, for those 20 projects, the
13 relative priority and rank scoring of each such project.
14 The 20 projects shall be compiled, and their relative
15 rankings shall be shown, by category of project (including
16 the categories of ambulatory care projects, nursing home
17 care projects, and such other categories as the Secretary
18 determines).

19 “(2) The Secretary shall include in each report, for
20 each project listed, a description of the specific factors
21 that account for the relative ranking of that project in re-
22 lation to other projects within the same category.

23 “(3) In a case in which the relative ranking of a pro-
24 posed project has changed since the last report under this
25 subsection was submitted, the Secretary shall also include

1 in the report a description of the reasons for the change
2 in the ranking, including an explanation of any change in
3 the scoring of the project under the Department’s scoring
4 system for proposed major medical construction
5 projects.”.

6 **SEC. 202. REVISION TO PROSPECTUS REQUIREMENTS.**

7 (a) ADDITIONAL INFORMATION.—Section 8104(b) of
8 title 38, United States Code, is amended—

9 (1) by striking out “shall include—” and insert-
10 ing in lieu thereof “shall include the following:”;

11 (2) in paragraph (1)—

12 (A) by striking out “a detailed” and insert-
13 ing in lieu thereof “A detailed”; and

14 (B) by striking out the semicolon at the
15 end and inserting in lieu thereof a period;

16 (3) in paragraph (2)—

17 (A) by striking out “an estimate” and in-
18 serting in lieu thereof “An estimate”; and

19 (B) by striking out “; and” and inserting
20 in lieu thereof a period;

21 (4) in paragraph (3), by striking out “an esti-
22 mate” and inserting in lieu thereof “An estimate”;
23 and

24 (5) by adding at the end the following new
25 paragraphs:

1 “(4) Demographic data applicable to the
2 project, including information on projected changes
3 in the population of veterans to be served by the
4 project over a five-year period and a ten-year period.

5 “(5) Current and projected workload and utili-
6 zation data.

7 “(6) Current and projected operating costs of
8 the facility, to include both recurring and non-recur-
9 ring costs.

10 “(7) The priority score assigned to the project
11 under the Department’s prioritization methodology
12 and, if the project is being proposed for funding
13 ahead of a project with a higher score, a specific ex-
14 planation of the factors other than the priority that
15 were considered and the basis on which the project
16 is proposed for funding ahead of projects with high-
17 er priority scores.

18 “(8) A listing of each alternative to construc-
19 tion of the facility that has been considered.”.

20 (b) APPLICABILITY.—The amendments made by sub-
21 section (a) shall apply with respect to any prospectus sub-
22 mitted by the Secretary of Veterans Affairs after the date
23 of the enactment of this Act.

1 **SEC. 203. CONSTRUCTION AUTHORIZATION REQUIRE-**
2 **MENTS.**

3 (a) DEFINITION OF MAJOR MEDICAL FACILITY
4 PROJECT.—Paragraph (3)(A) of section 8104(a) of title
5 38, United States Code, is amended by inserting before
6 the period at the end the following: “, and, in the case
7 of a project which is principally for the alteration of a
8 medical facility to provide additional space for provision
9 of ambulatory care, such term means a project involving
10 a total expenditure of more than \$5,000,000”.

11 (b) APPLICABILITY OF CONSTRUCTION AUTHORIZA-
12 TION REQUIREMENT.—(1) Subsection (b) of section 301
13 of the Veterans’ Medical Programs Amendments of 1992
14 (Public Law 102–405; 106 Stat. 1984) is repealed.

15 (2) The amendments made by subsection (a) of such
16 section shall apply with respect to any major medical facil-
17 ity project or any major medical facility lease of the De-
18 partment of Veterans Affairs, regardless of when funds
19 are first appropriated for that project or lease, except that
20 in the case of a project for which funds were first appro-
21 priated before October 9, 1992, such amendments shall
22 not apply with respect to amounts appropriated for that
23 project for a fiscal year before fiscal year 1997.

24 (c) LIMITATION ON OBLIGATIONS FOR ADVANCE
25 PLANNING.—Section 8104 of title 38, United States Code,

1 is amended by adding at the end the following new sub-
2 section:

3 “(f) The Secretary may not obligate funds in an
4 amount in excess of \$500,000 from the Advance Planning
5 Fund of the Department toward design or development
6 of a major medical facility project until—

7 “(1) the Secretary submits to the committees a
8 report on the proposed obligation; and

9 “(2) a period of 30 days has passed after the
10 date on which the report is received by the commit-
11 tees.”.

12 **SEC. 204. TERMINOLOGY CHANGES.**

13 (a) DEFINITION OF “CONSTRUCT”.—Section
14 8101(2) of title 38, United States Code, is amended—

15 (1) by striking out “working drawings” and in-
16 serting in lieu thereof “construction documents”;
17 and

18 (2) by striking out “preliminary plans” and in-
19 serting in lieu thereof “design development”.

20 (b) PARKING FACILITIES.—Section 8109(h)(3)(B) of
21 such title is amended by striking out “working drawings”
22 and inserting in lieu thereof “construction documents”.

1 **SEC. 205. VETERANS HEALTH ADMINISTRATION HEAD-**
2 **QUARTERS.**

3 (a) REPEAL OF STATUTORY SPECIFICATION OF OR-
4 GANIZATIONAL SERVICES.—The text of section 7305 of
5 title 38, United States Code, is amended to read as fol-
6 lows:

7 “(a) The Veterans Health Administration shall in-
8 clude the Office of the Under Secretary for Health and
9 such professional and auxiliary services as the Secretary
10 may find to be necessary to carry out the functions of the
11 Administration.

12 “(b) In organizing, and appointing persons to posi-
13 tions in, the Office, the Under Secretary shall ensure that
14 the Office is staffed so as to provide the Under Secretary
15 with appropriate expertise, including expertise in—

16 “(1) unique programs operated by the Adminis-
17 tration to provide for the specialized treatment and
18 rehabilitation of disabled veterans (including blind
19 rehabilitation, spinal cord dysfunction, mental ill-
20 ness, and geriatrics and long-term care); and

21 “(2) appropriate clinical care disciplines.”.

22 (b) OFFICE OF THE UNDER SECRETARY.—Section
23 7306 of such title is amended—

24 (1) in subsection (a)—

25 (A) by striking out “and who shall be a
26 qualified doctor of medicine” in paragraph (2);

1 (B) by striking out paragraphs (5), (6),
2 and (7); and

3 (C) by redesignating the succeeding two
4 paragraphs as paragraphs (5) and (6), respec-
5 tively; and

6 (2) in subsection (b)—

7 (A) by striking out “subsection (a)(3)”
8 and all that follows through “two may be” and
9 inserting in lieu thereof “subsection (a)(3), not
10 more than two may be”;

11 (B) by striking out the semicolon after
12 “dental medicines” and inserting in lieu thereof
13 a period; and

14 (C) by striking out paragraphs (2) and (3).

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